

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/673505 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10		①				
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
20		2				
21		①				
22		①				
23		2				
24		①				
25		①				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		2				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		3				
43		3				
44		3				
45		①				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.			↓		↓	
TOTAL DEP.			↓		↓	
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
61		①				
62		2				
63		7				
64		3				
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99						
100						
TOTAL IND.		23			↓	
TOTAL DEP.		58			↓	
TOTAL CLAIMS		81			↓	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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